



STATE OF WASHINGTON  
DEPARTMENT OF LABOR AND INDUSTRIES  
*PO Box 44261 • Olympia, Washington 98504-4261*

Dear Provider:

Attached is the Provider Application and Agreement form necessary to obtain an Independent Medical Examiner (IME) provider account number with the Washington State Department of Labor and Industries Industrial Insurance Program. For group practices, **each** provider who will be providing services to injured workers must complete and sign the "Provider Agreement" section.

**The department will purchase only covered services, provided by covered professionals. Coverage information is contained in the Department of Labor and Industries publication "Medical Aid Rules and Fee Schedules," form number F245-094-000. To obtain a copy, call the Provider Hotline at 1-800-848-0811, or fill out and mail the L&I Medical Forms Request card included in your packet information.**

A completed Form W-9 is required as part of the application process to ensure proper reporting to the Internal Revenue Service (IRS). We have enclosed a blank Form W-9 for your convenience. **If you have questions on the Form W-9, please contact the IRS or your tax consultant.**

Please carefully complete the IME Provider Application/Agreement using the attached instructions.

**We will not process an incomplete application.** Please be sure to:

- 1) Complete the form and sign the Provider Agreement.
- 2) Include your mailing address on the last page, so we may notify you when we have received your application
- 3) Submit your completed Form W-9.
- 4) Submit a copy of your professional license for each state where you will be conducting IME's, and a copy of the other documents requested on the application.

If you, or your company will be billing the department electronically please contact the Electronic Billing Unit at 360-902-6511 for information regarding electronic billing.

Once your IME provider account number has been established, you will receive information regarding rules, fees, billing forms, options for electronic and paper billing, and instructions. If you wish to receive this information prior to signing the forms, or if you have questions about the application, please call the Provider Accounts Section at 360-902-5140.

Sincerely,

Provider Accounts

Enclosures

## IME PROVIDER APPLICATION & AGREEMENT

The Industrial Insurance Program is authorized by Washington State law, Title 51 Revised Code of Washington (RCW), and is administered by the Department of Labor and Industries. IME services are provided according to Title 51 RCW, Washington Administrative Code (WAC) Chapter 296-23, and policies adopted by the department, including medical coverage decisions. **To qualify for payment, an IME provider must have an active IME provider account number assigned by the department.** To receive a provider account number, the provider must submit an IME Provider Application to the department, including all required supporting information and a signed "IME Provider Agreement." For group practices, a separate IME Provider Application/Agreement is required for each provider who will be providing services to injured workers.

**The following information must be submitted with the IME Provider Application:**

- ☐ current copy of the provider's professional license;
- ☐ copy of curriculum vitae;
- ☐ copy of current board certifications, if applicable; (a letter from board confirming certification is acceptable)
- ☐ copy of fellowship certificate(s) if applicable;
- ☐ signed and dated Provider Agreement;
- ☐ completed Form W-9; and
- ☐ IME Provider Exam Site form.

**Issuance of a provider number does not guarantee that all services billed by a provider will be paid by the department. Payments will be made according to the department's "Medical Aid Rules and Fee Schedules" as updated annually and according to department policy. The department will purchase only covered services, provided by covered professionals.**

**The provider agrees:**

1. To meet and maintain all applicable state and/or federal licensing or certification requirements to assure the department of the provider's qualifications to perform services.
2. To comply with Washington State Law Title 51 RCW, Washington Administrative Code (WAC), including but not limited to, Chapters 296-23 and policies adopted by the department, including fee schedules and medical coverage decisions.
3. That providing services to an injured or ill worker who is covered under the department's jurisdiction, constitutes acceptance of the requirements of Title 51 RCW, and the WACs, including but not limited to, Chapters 296-20, 296-21, 296-23, and 296-23A, and policies adopted by the department, including fee schedules and medical coverage decisions.
4. To accept the department's or self-insured employer's or self-insured employer's payment as sole and complete remuneration for services provided to the worker as required by Washington State law. **The provider agrees not to bill a worker for:**
  - a) services covered by the industrial insurance program which are related to the industrial injury or occupational disease;
  - b) the difference between the billed and paid charges.In the event a provider believes additional funds are due, the provider may submit a Provider's Request for Adjustment Form to the department for consideration in accordance with the instructions contained on the Remittance Advice.
5. That if the provider receives payment from the department or self-insurer in error or in excess of the amount properly due under the applicable rules and policies, the provider will promptly return to the department or self-insurer any excess monies received. The department may audit the provider's records to determine compliance with the rules and regulations of the department as provided in Washington State law.
6. To maintain documentation and records for a minimum of five years to support the services and levels of services billed. The provider agrees that these records and supportive materials will be made available to the department upon request as provided in Washington State law.
7. To notify the department immediately of any changes to information in this application or provider status (e.g., federal tax identification number, ownership, incorporation, address, etc.). **A change in ownership or federal tax ID number may require a new IME provider account number.** If a new IME provider account number is assigned, providers who bill electronically must also submit an electronic billing agreement and, if billing through an intermediary, a Power of Attorney.

A provider will be held to all the terms of this agreement even though a third party may be involved in billing claims to the department. The department reserves the right to deny, revoke, suspend or condition an IME provider's authorization to provide IME services to injured workers.

### Provider's Statement of Agreement

I (the provider), \_\_\_\_\_, (print or type) agree to abide by the terms of this agreement and by all applicable federal and Washington State statutes, rules and policies. I have enclosed with my application all required supporting information to establish an IME provider account, including: a current copy of my license and a completed Form W-9. I will provide independent, objective and timely medical opinions for all IMEs I conduct. I understand that it is the expectation of the department that all workers will be treated with dignity and respect. I understand my performance will be measured by the quality of my examinations and report, and not by whether my recommendations are perceived as favorable or unfavorable to the parties involved. I understand issuance of an IME provider number by the department does not guarantee that I will receive any IME referrals from the department.

Date	Title	Signature
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# IME PROVIDER APPLICATION INSTRUCTIONS

**BILLING COMPANY** = A company or individual who submits bills and receives payments from the Department of Labor and Industries.

**FIRM** = A company or individual who schedules IMEs for individuals conducting examinations in Washington State, submits bills and receives payments from the Department of Labor and Industries. Section II.A must be completed on all applications. Note: All applications must be approved prior to scheduling and/or conducting any IME examinations.

**NATIONAL FIRM** = A company or individual who schedules IMEs for individuals conducting examinations in Washington and/or either states, submits and receives payment from the Department of Labor and Industries. Section II.A must be completed on all applications. Note: All applications must be approved prior to scheduling and/or conducting any IME examinations.

**INDIVIDUAL** = Provider who, if approved, will be conducting IMEs. A provider must have a separate IME provider number of each firm that bills and receives payment for their services.

**CURRENT PROVIDER** = Already has one or more IME provider numbers assigned.

**NEW PROVIDER** = No IME provider number currently assigned.

**TAX ID CHANGE** = Change from previously submitted W-9 information and effective date.

**ADDING NEW EXAM SITES** = Complete IME Provider Exam Site form.

**ADDRESS CHANGE NOTE** = Changes in billing address must be made via the standard Provider Accounts Change forms. To obtain copies of this form, contact the Provider Hotline at 1-800-848-0811 or visit the department's web site at <http://www.lni.wa.gov>.

## SECTION I TO BE COMPLETED BY ALL APPLICANTS

Enter the Tax Payer Identification Number (EIN or SSN). **This is the number you will use to report earnings to the IRS. It must match the information on the W-9.**

## SECTION II: TO BE COMPLETED BY ALL APPLICANTS

### A. Administrative Information

1. Enter the name of the individual or business you submit your bills under and have your account set up as DBA (doing business as).
2. Enter the business phone number.
- 2a. Enter the business FAX number, if available.
3. Enter the billing address as it appears on your bills submitted to Labor and Industries and where you want payments mailed.
4. Enter your mailing address. (Where correspondence from the department can be mailed to you.)
5. Enter the name of a contact person.. This allows us to contact the appropriate person if we have questions regarding your bill or your account.
- 5a. Enter the billing phone number where we may call to ask questions regarding your bill or your account.
6. Enter the name of the firm's Medical Director.
- 6a. Enter the professional license number of the Medical Director.
- 6b. Enter the expiration date of the professional license number of the Medical Director

## SECTION B – D, TO BE COMPLETED BY INDIVIDUALS

### B. Individual IME Provider Information

1. Enter the name of the person who will be conducting IMEs.
2. Check the type of professional license (i.e., Physician, Chiropractor, etc).
3. Enter the license number. **ATTACH CURRENT COPY OF EACH.**
4. List your practice specialty or subspecialty. Attach documentation to reflect additional training, fellowships or board certification in the areas noted.
5. Enter the date the license was issued (month, day and year) for each state where you wish to conduct IMEs.
6. Enter the date the license will expire (month, day and year).
7. Enter the state where the license was issued.
8. Enter the phone number where you may be contacted.
9. Enter your Social Security Number (**only** if this is going to be used as your Tax Payer Identification Number).
10. Enter any other Labor and Industries provider numbers currently assigned to you.

### C. Medical Qualification

1. Check all that apply and complete with name of certification board **Attach** copy of curriculum vitae, Board Certification and any fellowship certificates.
2. Chiropractic – check all that apply and fill in dates. **Attach** copy of your curriculum vitae and chiropractic license.

### D. Other Information

1. Check yes or no in response to the question. If yes, **attach** copy of charge or action and any related documents.
2. Check yes or no in response to the question. If yes, provide specific details on separate sheet, including date, county, state or country of action.
3. Check yes or no in response to the question. If yes, provide specific details, including date, name of hospital, city, state or country.
4. Check yes or no regarding your current practice. Do NOT include time conducting IMEs in your response.  
If no, complete Box 5.  
If yes, check either full time or part time. If part time, provide the average number of hours you have practiced per week over the last 2 years.
5. Provide the month and year you retired from direct patient care.
6. List any foreign languages you speak fluently.

**Please fill in your mailing address on the last page so we may notify you that we have received your application.**

Each January the Internal Revenue Service requires us to send a completed ©Form 1099 MISC reporting payments of \$600.00 or more made to a Federal Tax Identification Number (EIN or SSN) during the last calendar year. If you received payments from more than one department program, you may receive more than one Form 1099 Misc.

**PLEASE BE SURE TO READ THE "PROVIDER APPLICATION AND AGREEMENT" AND SIGN THE APPLICATION AS INDICATED AT THE END OF THE AGREEMENT.**

Return To:  
Provider Review & Education  
Industrial Insurance State Fund  
Department of Labor and Industries  
PO Box 44322  
Olympia WA 98504-4322

# IME PROVIDER ACCOUNT APPLICATION

Complete a separate application for each firm for which you work

I am applying as a: ☐ BILLING COMPANY ☐ FIRM  
☐ NATIONAL FIRM ☐ INDIVIDUAL

(360) 902-5140  
1-800-848-0811

Internet address: <http://www.lni.wa.gov>

(Please type or print clearly on all sections)

## I. TAX REPORTING INFORMATION

Tax Payer Identification Number (EIN or SSN)

THIS NUMBER MUST MATCH THE W-9 FORM YOU SUBMIT!

## II. ACCOUNT AND BILLING INFORMATION

### A. Administrative Information

1. Individual or business name (as you wish to submit your bills and have your account set up, DBA)	2. Business phone#	2a. Business FAX#
3. Billing address (where payments should be mailed)	4. Mailing address (for correspondence)	
5. Contact person's name	5a. Billing phone# (regarding your account/bills)	
6. Medical Director (Firms/National firm)	6a. Professional license #	6b. Expiration Date (mo-da-yr)

### B. Individual IME Provider Information

1. Provider's name (Last, First, MI)		
2. Type of license (specialty) <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> DC <input type="checkbox"/> DDS/DMD <input type="checkbox"/> DPM	3. Professional license number ATTACH CURRENT COPY(s)	
4. List practice specialty / subspecialty		
5. License issue date(s)	6. License expiration date(s):	7. Where issued? (State(s))
8. Phone # to contact you	9. Social Security Number	10. Current L&I Provider Account # (if any)

### C. 1. Doctors licensed to perform medicine and surgery, osteopathic medicine and surgery, podiatric medicine and surgery and dentistry, complete the following & attach a copy of curriculum vitae, board certification and any fellowship certificates.

I am certified by a board recognized by:

- ☐ American Board of Medical Specialties, name of board(s) \_\_\_\_\_
- ☐ American Osteopathic Assn. Bureau of Osteopathic Specialties, name of board(s) \_\_\_\_\_
- ☐ American Podiatric Medical Association, name of board(s) \_\_\_\_\_
- ☐ American Dental Association, name of board(s) \_\_\_\_\_
- ☐ Fellowships \_\_\_\_\_
- ☐ Other \_\_\_\_\_

### 2. Doctors licensed to practice chiropractic complete the following: (Attach copy of your curriculum vitae and chiropractic license)

- ☐ I have served as an approved L&I chiropractic consultant for at least 2 years, from \_\_\_\_\_ to \_\_\_\_\_
- ☐ I have taken an impairment rating course for Washington State approved by the Dept of Labor & Industries. Date: \_\_\_\_\_
- ☐ I have attended the Dept's annual Chiropractic Consultant or IME examiners seminar in the previous 24 months. Date: \_\_\_\_\_

### D. All Applicants

1. Have you had charges/actions on your license to practice in any state or country? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, attach copy of charges or actions	2. Have you been charged with criminal activity or a gross misdemeanor? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, give details on separate sheet
3. Have your hospital privileges in any state or country ever been modified or withdrawn for reasons other than relocation? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, give details on separate sheet	
4. Do you currently provide direct patient care (excluding IME's)? <input type="checkbox"/> No * <input type="checkbox"/> Yes If yes, indicate: <input type="checkbox"/> Full time – 32 hr. week min. <input type="checkbox"/> Part time, _____ Average hour/week in last 2 years	
5.* If no, date you retired from direct patient care.. (mo/yr)	6. List foreign languages you speak fluently.

**Provider Accounts  
Department of Labor and Industries  
PO Box 44322  
Olympia WA 98504-4322**

Please fill in the box above with your mailing address



**Provider:**

**This page will be mailed back to you with a date stamp that shows when our department received your application.**

***Application received on this date:***

# IME PROVIDER EXAM SITES

(Make additional copies as needed)

Page _____ of _____	
IME provider name	IME provider # (if previously assigned)

## List all sites where you are available to conduct IME exams under this application

Name of private office/IME firm (circle one)	Telephone # to schedule exams
Exam site address City	Exam site telephone #
Mailing address for sending claims files to you for exams at this site (if different than above)	Exam site FAX # (if any)
City State ZIP+4	

Name of private office/IME firm (circle one)	Telephone # to schedule exams
Exam site address City	Exam site telephone #
Mailing address for sending claims files to you for exams at this site (if different than above)	Exam site FAX # (if any)
City State ZIP+4	

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City State ZIP+4	

Name of private office/IME firm (circle one)	Telephone # to schedule exams
Exam site address City	Exam site telephone #
Mailing address for sending claims files to you for exams at this site (if different than above)	Exam site FAX # (if any)
City State ZIP+4	

(Make additional copies as needed)

# Request for Taxpayer Identification Number and Certification

Give form to the  
requester. Do not  
send to the IRS.

Please print or type	Name: (As it appears on IRS (EIN) or Social Security Admin. Records (SSN) eg. 147C letter for EIN / Social Security Card for SSN)		
	Address (number, street, and apt. or suite no.)		
	City, state, and ZIP code		
	Check appropriate box:	<input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> LLC filing as Sole Proprietor	<input type="checkbox"/> Corporation <input type="checkbox"/> LLC filing as Corporation
	<input type="checkbox"/> Partnership <input type="checkbox"/> LLC filing as Partnership	<input type="checkbox"/> Other _____	<input type="checkbox"/> Exempt from backup withholding
	Business name, (sole proprietors, see instructions on page 2.)	Business phone number ( )	Requester's name and address (optional) Department of Labor and Industries Provider Accounts PO Box 44261 Olympia WA 98504-4261
	List current Industrial Insurance provider account number(s) here (required)		

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). **However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3.**

For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 3.

**Note:** If the account is in more than one name, see the chart on page 3 for guidelines on whose number to enter.

Social security number								
OR								
Employer identification number								
Effective Date								

**ENTER ONLY ONE NUMBER (EIN or SSN)**

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
- I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
- I am a U.S. person (including a U.S. resident alien).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 3.)

Sign Here	Signature of U.S. person ►	Date ►
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### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

**Note:** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Foreign person.** If you are a foreign person, use the appropriate Form W-8 (see **Pub. 515**, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

- The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
- The treaty article addressing the income.
- The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
- The type and amount of income that qualifies for the exemption from tax.
- Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a **nonresident alien or a foreign entity** not subject to backup withholding, give the requester the appropriate completed form W-8.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 30% of such payments (29% **after** December 31, 2003; 28% **after** December 31, 2005). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, non-employee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will **not** be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate **Instructions for the Requester of Form W-9**.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Name

If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle the name of the person or entity whose number you enter in Part I of the form.

**Sole proprietor.** Enter your **individual** name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

**Limited liability company (LLC).** If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, **enter the owner's name on the "Name" line.** Enter the LLC's name on the "Business name" line.

**Other entities.** Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

**Note:** You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

## Exempt from backup withholding

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

**Note:** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

**Exempt payees.** Backup withholding is **not required** on any payments made to the following payees:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2);
2. The United States or any of its agencies or instrumentalities;
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities.
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities; or
5. An international organization or any of its agencies or instrumentalities.

Other payees that **may be exempt** from backup withholding include:

6. A corporation;
7. A foreign central bank of issue;
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States;
9. A futures commission merchant registered with the Commodity Futures Trading Commission;
10. A real estate investment trust;
11. An entity registered at all times during the tax year under the Investment Company Act of 1940;
12. A common trust fund operated by a bank under section 584(a);
13. A financial institution;
14. A middleman known in the investment community as a nominee or custodian; or
15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt recipients listed above, 1 through 15.

If the payment is for...	THEN the payment is exempt for...
Interest and dividend payments	All exempt recipients except for <b>9</b>
Broker transactions	Exempt recipients <b>1</b> through <b>13</b> . Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt recipients <b>1</b> through <b>5</b>
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt recipients <b>1</b> through <b>7</b> <sup>2</sup>

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are **not exempt** from backup withholding: medical and health care payments, attorneys' fees; and payments for services paid by a Federal executive agency.



## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a **resident alien** and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see **How to get a TIN** below.

If you are a **sole proprietor** and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-owner **LLC** that is disregarded as an entity separate from its owner (see **Limited liability company (LLC)** on page 2), enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., enter the entity's EIN.

**Note:** See the chart on this page for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get **Form SS-5**, Application for a Social Security Card, from your local Social Security Administration office or get this form online at [www.ssa.gov/online/ss5.html](http://www.ssa.gov/online/ss5.html). You may also get this form by calling 1-800-772-1213. Use **Form W-7**, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN or **Form SS-4**, Application for Employer Identification Number, to apply for an EIN. You can get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS Web Site at [www.irs.gov](http://www.irs.gov).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 3, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see **Exempt from backup withholding** on page 2.

**Signature requirements.** Complete the certification as indicated in 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.**

You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a non-employee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA or Archer MSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.**

## What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The Minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
5. Sole proprietorship or single-owner LLC	The owner <sup>3</sup>
For this type of account:	Give name and EIN of:
6. Sole Proprietorship or single-owner LLC	The owner <sup>3</sup>
7. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> **You must show your individual name**, but you may also enter your business or "DBA" name. You may use either your SSN or your EIN (if you have one).

<sup>4</sup> List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

**Note:** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or Archer MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, or to other Federal and state agencies to enforce Federal nontax criminal laws and to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 30% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.